

PART B - FEE(S) TRANSMITTAL

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23683

7590

09/07/2004

MOLEX INCORPORATED
2222 WELLINGTON COURT
LISLE, IL 60532

12/08/2004 MWOLDGE2 00000095 501873 10670693

01 FC:1501 1370.00 DA
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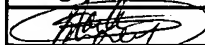
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Agatha Morey

(Depositor's name)



(Signature)

December 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/670,693	09/25/2003	Brunker L. David	A3-059 CIP US	7528

TITLE OF INVENTION: IMPEDANCE-TUNED TERMINAL CONTACT ARRANGEMENT AND CONNECTORS INCORPORATING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, TRUC T	2833	439-108000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas D. Paulius

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Molex Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lisle, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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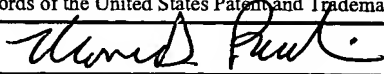
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-1873 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 2, 2004

Typed or printed name

Thomas D. PauliusRegistration No. 30, 792

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